

**ARTwithHEART PMO— Child Health Information**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date Form Completed \_\_\_\_\_

**HEALTH INFORMATION** (check if not applicable):

_____	Known ALLERGIES food, medication, and environmental—and precautions, reactions and treatment:
_____	Describe health, special needs, or other situations of which NDUMC PMO should be aware, and which would require special procedures to be followed concerning your child, such as physical or mental conditions, existing or pre-existing illnesses, operations or hospitalizations, or any dietary restriction:

**MEDICATION** (WRITTEN PARENTAL CONSENT REQUIRED)

- *Prescribed*  
If a child is to take prescribed medication during PMO school hours, the medication must be properly labeled by a pharmacy in the original container. The child's first and last name, the name of the medication, the dosage, and the time to be given must be included. Medication will be administered to the child with written parental consent. Children with asthma may keep their inhalers with them at all times.
- *Non-Prescription*  
PMO may not dispense any over the counter medication, this includes but is not limited to Tylenol, Ibuprofen, cough syrup or cough drops. If your child needs to be given any non-prescription medications during school hours, please send in the medication in a new unopened bottle labeled with your child's name and containing instructions as to time and dosage needed.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_